

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2		/					52			
3							53			
4		/					54			
5		/					55			
6		/					56			
7		/					57			
8		/					58			
9		/					59			
10		/					60			
11		/					61			
12		/					62			
13		/					63			
14		/					64			
15							65			
16							66			
17							67			
18							68			
19		/					69			
20							70			
21							71			
22	/						72			
23		/					73			
24							74			
25		/					75			
26		/					76			
27		/					77			
28		/					78			
29		/					79			
30		/					80			
31		/					81			
32		/					82			
33		/					83			
34		/					84			
35	/						85			
36		/					86			
37							87			
38							88			
39							89			
40		/					90			
41							91			
42							92			
43	/						93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total							Total			
Indep							Indep			
Depend							Depend			
Total							Total			
Claims							Claims			

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